

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 10/24/01?
- b. The request was received on 01/24/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 04/24/02
 - b. HCFA
 - c. Audit summaries/EOB
 - d. Reimbursement data (2001 Alimed Catalog of durable medical equipment)
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/09/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 04/11/02. The response from the insurance carrier was received in the Division on 04/25/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: per the TWCC 60b,
“...we are due further reimbursement for the durable medical equipment we supplied...This equipment...were billed at a fair and reasonable rate.”
2. Respondent: Letter dated 04/24/02 states,

“...the carrier’s method of determining a fair and reasonable rate of reimbursement was based on the 2001 Alimed Catalog of durable medical equipment...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 10/24/01.
2. The carrier’s EOB has the denial “M – THE REIMBURSEMENT FOR THE SERVICE RENDERED HAS BEEN DETERMINED TO BE FAIR AND REASONABLE BASED ON BILLING AND PAYMENT RESEARCH AND IS IN ACCORDANCE WITH LABOR CODE 413.011 (B).”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
10/24/01	E1399 airform back brace	\$215.00	\$107.50	M	DOP	Texas Workers’ Compensation Act & Rules, Sec. 413.011 (d), Rule 133.304 (i); MFG, GI (VI)	Due to the fact there is no current fee guideline for the DME provided, the Medical Review Division has to determine based on the parties’ submission of information, what represents fair and reasonable reimbursement. The carrier compares their reimbursement of \$107.50 with the retail price in the 2001 Alimed Catalog. The provider has not submitted any reimbursement data. Based on the documentation available for review, no additional reimbursement is recommended
07/05/01	L1499 hot/cold gel insert pad	\$50.00	\$18.33	M	DOP	Texas Workers’ Compensation Act & Rules, Sec. 413.011 (d), Rule 133.304 (i); MFG, GI (VI)	Due to the fact there is no current fee guideline for the DME provided, the Medical Review Division has to determine based on the parties’ submission of information, what represents fair and reasonable reimbursement. The carrier compares their reimbursement of \$18.33 with the retail price in the 2001 Alimed Catalog. The provider has not submitted any reimbursement data. Based on the documentation available for review, no additional reimbursement is recommended
Totals		\$265.00	\$125.83				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 15th day of May 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.